## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				<b> </b> *	'		*		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL	u			,		<u></u>		TOTAL							
IND.	-			<b></b>				IND. TOTAL			<b>-</b>		<b>—</b>	<b>.</b>	
DEP.	10						ļ	DEP.							
TOTAL CLAIMS	16							TOTAL CLAIMS							